

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

I, GMMB on behalf of Rita Hart, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 



FEDERAL CANDIDATE



STATE OR LOCAL CANDIDATE

Station has filled out NAB-19 because agency refuses to do so - See attached NAB-18

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Rita Hart

Authorized committee:

Rita Hart for Iowa

Agency requesting time (and contact information):



N/A GMMB

Candidate's political party:

Democratic

Office sought (no acronyms or abbreviations):

House of Representatives

Date of election:



General



Primary

Treasurer of candidate's authorized committee:

Sheila Spickermann

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):



the candidate listed above who is a legally qualified candidate, or



the authorized committee of the legally qualified candidate listed above;

(2) this station is authorized to announce the time as paid for by such person or entity; and

(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

Candidate/Committee/Agency

Station Representative

Signature:

Signature:

Lynn Evans

Lynn Evans
2020.05.21 13:09:09 -05'00'

Name:

Name: Lynn Evans

Date of Request to Purchase Ad Time:

Date of Station Agreement to Sell Time: 5/21/2020

Federal Candidate Certification:

The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.

Candidate/Authorized Committee/Agency

Signature: _____

Name: _____

Date: _____

TO BE COMPLETED BY STATION ONLYAd submitted to Station? ☐ Yes ☒ No

Date ad received: _____

Federal candidate certification signed (above): ☐ Yes ☐ No ☒ N/A

Disposition:

- ☐ Accepted
- ☒ Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*
- ☐ Rejected – provide reason (optional): _____

*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag): _____

Contract #: 1632971, 1632932, 1632966, 1632936, 1632957	Station Call Letters: KCRG	Date Received/Requested: 5/21/20
Est. #: 8338, 8339, 8340, 8341, 8342, 8343, 8383	Station Location: Cedar Rapids IA	Run Start and End Dates: 9/8-11/2/20

Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

1632924
1632959
1632943

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☒ FEDERAL CANDIDATE ☐ STATE/LOCAL CANDIDATE

To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location:	Date:
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I, GMMB

being/on behalf of: Rita Hart

a legally qualified candidate of the Democratic

political party for the office of: House of Representatives

in the General

election to be held on: 11/3/20

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
as ordered	as ordered	as ordered	as ordered	as ordered	as ordered

Attach proposed schedule with charges (if available):

I represent that the payment for the above described broadcast time has been furnished by:

Rita Hart for Iowa

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

Sheila Spickermann

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

To Be Signed By Candidate or Authorized Committee

5/20/20

Date

Signature

To Be Signed By Station Representative

☐ Accepted

☐ Accepted in Part

☐ Rejected

Signature

Printed Name

Title

FEDERAL CANDIDATE CERTIFICATION

In Order For Federal Candidates To Receive The Lowest Unit Charge During A Political Window, The Following Certification Is Required:

I, GMMB on behalf of Rita Hart

(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

☐ does

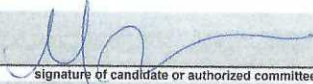
☒ does not

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

☒ the radio programming contains a personal audio statement by the candidate that identifies the candidate, the office being sought, and that the candidate has approved the broadcast.

☒ the television programming contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds, and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast, and that the candidate and/or the candidate's authorized committee paid for the broadcast.


signature of candidate or authorized committee

M. Johnson

printed name

5/20/20

date

AGREED UPON SCHEDULE

For All Issue Advertisements That Communicate a Message Relating to Any Political Matter of National Importance

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
AS ORDERED					

Attach proposed schedule with charges (if available):

AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

Note: Because the FCC requires that the political file contain the actual time the rate for spots "communicating a political matter of national importance" air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that and rates for specific spots aired. The FCC's online political files include a folder for "Terms and Disclosures." NAB suggests that, for stations subject to the online public file rule, the names of contact person(s) be placed in that folder.

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